

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

Cost Reimbursable

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. **238**

To

(Payee)

PAID BY

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				6,041	28
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total		6,041	28

PAYMENT:

Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

STATINTL

(Sign original only)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash, \$ _____, on _____, 19____, Payee _____ favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the check or receipt must be ascertained and the name of the person must appear in the space below.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

U.S. Cost Reimbursable

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